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Fax:	(571) 273-8300	Pages:	18 (including cover page)
Phone:		Date:	December 7, 2005

Comments: OFFICIAL FILING – RESPONSE TO NON-FINAL OFFICE ACTION

Application No.: 10/798,018
Filing Date: March 11, 2004
Title: SURGICAL FASTENING SYSTEM
Inventor(s): Michael D. LAUFER et al.
Examiner: G. Dawson
Group Art Unit: 3731
Attorney Docket No.: LAUFNZ00100

Papers attached:

1. Transmittal – 1 page
2. Fee Transmittal – 1 page
3. Credit Card Payment Form – 1 page
4. Response to Non-Final Office Action – 11 pages
5. Replacement Drawings – 2 pages
6. Extension of Time – 1 page

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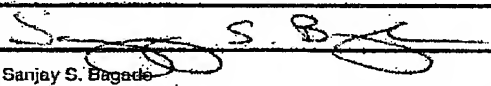
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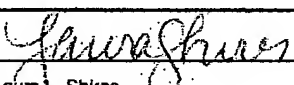
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/798,018
	Filing Date	March 11, 2004
	First Named Inventor	Michael D. LAUFER
	Art Unit	3731
	Examiner Name	G. Dawson
	Attorney Docket Number	LAUFNZ00100
Total Number of Pages in This Submission		18

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input checked="" type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1. Credit Card Payment Form - 1 page 2. Fax Cover Sheet - 1 page
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Levine Bagade LLP (Customer No. 40518)		
Signature			
Printed name	Sanjay S. Bagade		
Date	December 7, 2005	Reg. No.	42,280

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Typed or printed name	Laura J. Shires	Date	December 7, 2005

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